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N. B.—WRITE IN FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County: Maricopa
State: Arizona
Registered No: 95
City: 8 Miles N.E. Buckeye Ariz.
2. FULL NAME: Laverne Aubrey
(a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Single
6. DATE OF BIRTH: Sept 30-35
7. AGE: 7 years, 7 months, 12 days
8. OCCUPATION: None
12. BIRTHPLACE: N.E. Buckeye
13. NAME: Ed. Aubrey
14. BIRTHPLACE: Oregon
15. MAIDEN NAME: Rachel Ellen Robbs
16. BIRTHPLACE: Okla.
17. INFORMANT: Ed. Aubrey
18. BURIAL, CREMATION, OR REMOVAL: Burial, Cunday, 1935
19. UNDERTAKER: Family + Friends
20. Filed: 10-19 1935

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH: 10-30-35, 1935
22. I HEREBY CERTIFY, That I attended deceased from 10-30-35, 1935
I last saw him alive on 9-30-35, 1935; death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
Seven months
Other contributory causes of importance:
Accident of separation of placenta.
Name of operation: none
Date of:
What test confirmed: none
Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [checked] Date of injury: 10-30-35
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: none
24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) [Signature] M. D.
(Address) [Address]